

**GLENBARD TOWNSHIP HIGH SCHOOL DISTRICT 87
FLEXIBLE SPENDING ACCOUNT-FSA
LEAVE OF ABSENCE/STATUS CHANGE/TERMINATION FORM**

EMPLOYEE _____ SS # _____

ADDRESS _____

EMPLOYEES ELECTING NEW COVERAGE, PLEASE FILL OUT ENROLLMENT FORM

Employee Termination Date _____

TERMINATION Date of last paycheck with deductions _____

YTD total after final payroll deduction \$_____ Dependent Care
\$_____ Unreimbursed

FAMILY STATUS CHANGE occurred on: _____
(Election MUST be returned within 30 days of change)

**FAMILY
STATUS
CHANGE**

Brief Explanation of Change: _____

	New annual election	Year to date Contribution	Remaining election to be deducted from paycheck	# pay periods remaining	Paycheck deduction
<i>Dependent Day Care</i>	_____	- _____	= _____	÷ _____	= _____
<i>Unreimbursed Healthcare</i>	_____	- _____	= _____	÷ _____	= _____

The above election becomes effective on _____

First payroll date is to be _____

**LEAVE OF
ABSENCE**

Effective date of leave: _____ Payroll Effective Date: _____

Expected return date: _____

When will contributions be made up (please circle one): Before LOA / After LOA / Not at All

*** When employee is on LOA claims will not be paid for service dates during LOA until contributions are made up.**

I request that my benefit election and compensation reduction be adjusted to provide me with the above NEW ANNUAL ELECTION. This requested election change is consistent with the change-in-status which has transpired.

EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYER SIGNATURE _____ DATE _____

**FAX TO: (920) 339-0038 OR (920) 339-5736
OR MAIL TO: BENEFIT ADVANTAGE
PO BOX 5546, DEPERE, WI 54115-5546**